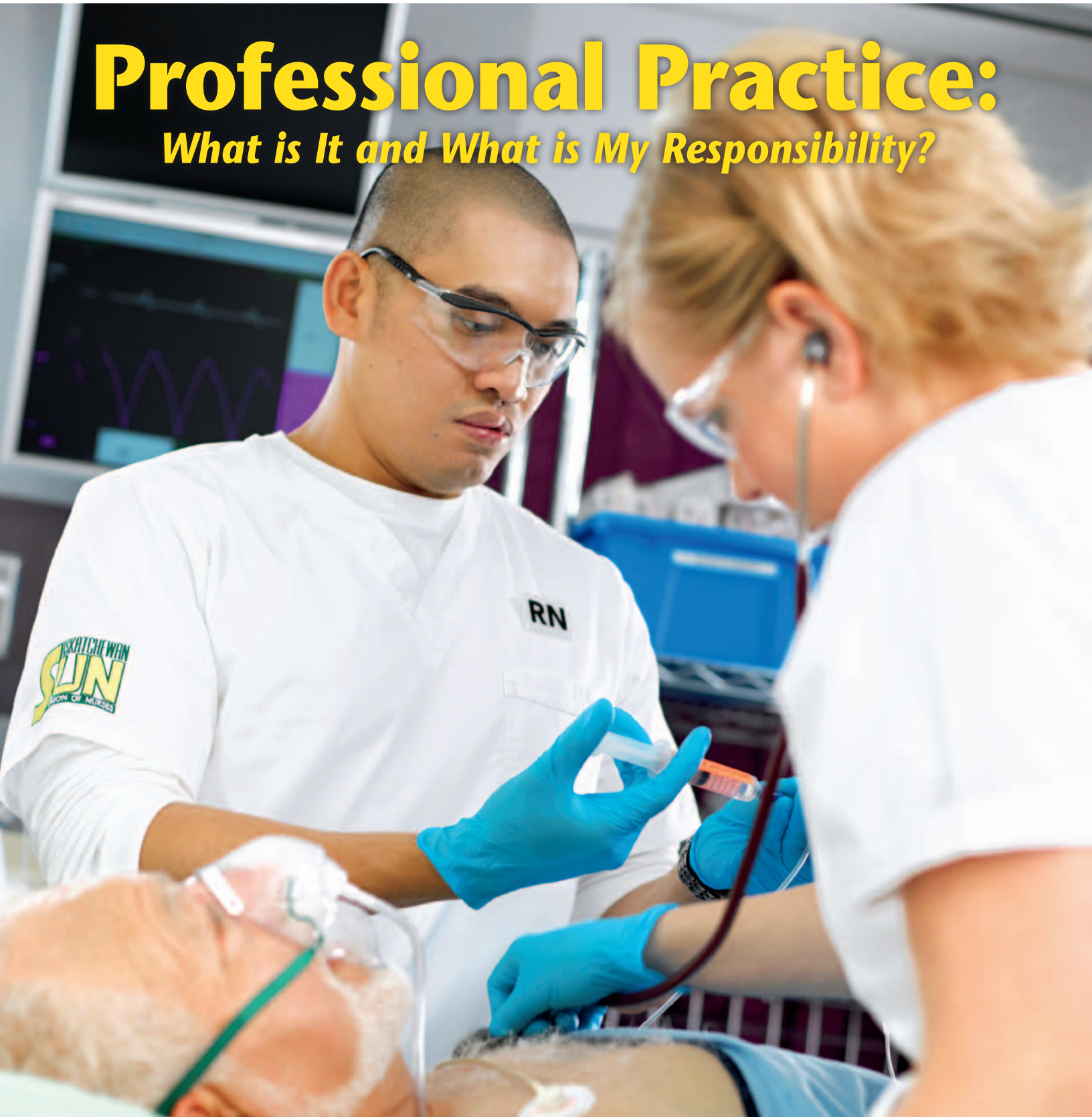


SUN Spots

OFFICIAL NEWSLETTER OF THE SASKATCHEWAN UNION OF NURSES

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Professional Practice: *What is It and What is My Responsibility?*



Professional Practice: What is It

It is imperative that Registered Nurses and Registered Psychiatric Nurses understand the responsibilities of being a member of a nursing profession and are able to fulfill their professional role in order to provide quality patient care and meet professional expectations of licensure. This article will provide a review of the basics of what professional practice is and what every registered nurses' responsibility is in upholding professional nursing practice.



**RN in this article will refer to both RNs and RPNs*

Professional nursing practice is defined as a commitment to compassion, caring and strong ethical values; continuous development of self and others; accountability and responsibility for insightful practice; and demonstrating a spirit of collaboration and flexibility (Girard, Linton and Besner, 2005). Professional nursing practice requires RNs and RPNs to meet their professional responsibilities as established in provincial legislation and regulatory body standards, to ensure appropriate care is provided to clients requiring healthcare services.

Over the last 20 years healthcare has experienced significant cutbacks due to budget challenges, resulting in decreased staff, heavy workloads, and what many view as unsafe practice environments. As a result, SUN members are identifying that current practice environments do not support fulfillment of professional nursing standards, but rather focus on task performance, without regard for patient complexity.

In Saskatchewan, the authority to practice Registered Nursing or Registered Psychiatric Nursing comes from provincial legislation. For RNs this is the *Registered Nurses Act, 1988*, and for RPNs the *Registered Psychiatric Nurses Act, 1993*. Within the legislation, scopes of practice are identified. Professional regulatory bodies also develop interpretative documents outlining professional expectations, standards and competencies registered nurses are responsible to fulfill.

The *RN Act, 1988* identifies that the “practice of registered nursing” means the performance or coordination of health care services including but not limited to: observing and assessing the health status of clients, and planning, implementing and evaluating nursing care; and the counselling, teaching, supervision, administration and research that is required to implement or complement health care services; for the purposes of promoting, maintaining or restoring health, preventing illness and alleviating suffering (Province of Saskatchewan, 1988, p. 2).

The *RPN Act, 1993*, identifies that bylaws may be made pursuant to section 14 for the following purposes: Prescribing the qualifications, standards and tests of competency for registrations and licensing; providing for a professional code of ethics; setting standards of professional conduct, competency and proficiency; setting standards regarding the manner and method of practice of members; setting requirements for maintenance of membership; and setting standards for continuing education and the participation of members

and What is My Responsibility?

in continuing education (Province of Saskatchewan, 1993, p. 9-10).

The role of the RN is, therefore, not determined on a case by case basis, but rather is a role founded in legislation, bylaws and formal education. Based on the legislation, the cornerstone of professional RN practice is coordination of client care and implementation of the nursing process. This requires SUN members to identify the needs of the client and accurately match those needs with the category of care provider that is adequately educated and able to provide safe care, based on foundational knowledge — not task performance. The overarching goal of coordination of care and RN practice is positive client outcomes. Coordination of care includes RN:

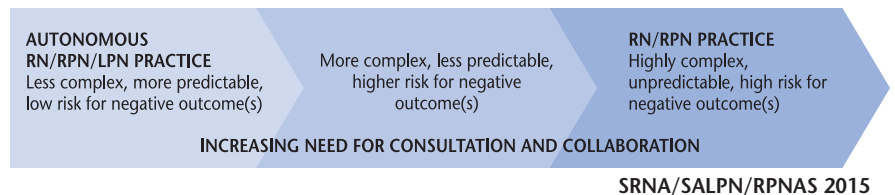
- Assessment
- Assignment of patient care
- Care planning
- Supervision
- On-going monitoring
- Decision-making based on current client information and best practice guidelines
- Evaluation of care
- Utilization and implementation of the Nursing Process (SRNA, 2015)

In order to achieve this, the RN must perform the initial, and as required, ongoing client assessments. “The key component to successful assignment and coordination of nursing care is assessment. Three areas must be assessed.

1. **Client needs.** The complexity, predictability and risk for negative outcomes must be assessed by the RN.
2. **Team member education and experience level.** The RN must be aware of the experience, education level, decision-making and critical-thinking skills of team members.
3. **Practice environment.** The RN must assess if practice support is available and the level of consultation available for nursing staff. The less available the practice supports and consultation resources are, the greater the need for more RN involvement” (SRNA, 2015).

Once the assessment has been made, the RN must utilize the information to coordinate care, and ultimately, to determine appropriate patient assignments. To assist in decision making a Client Continuum of Care framework has been developed by the three nursing regulatory bodies in Saskatchewan (see diagram top of page).

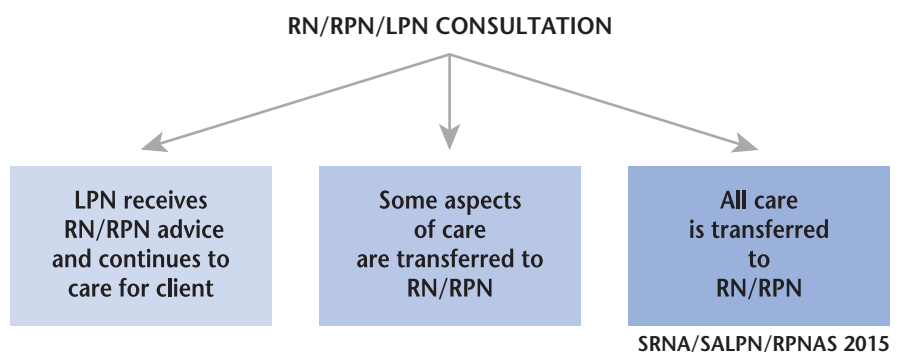
CLIENT CONTINUUM OF CARE



Within this Continuum of Care framework, the regulatory bodies have agreed that clients falling within the category of less complex, more predictable, with a low risk for negative outcome can be assigned to LPNs as well as to RNs and RPNs. Clients falling within the category of more complex, less predictable, with a higher risk for negative outcomes can only be assigned to RNs and RPNs. LPNs can work as part of the team caring for clients within this category, but cannot receive autonomous assignments for this category of client. Clients falling within the final category of highly complex, unpredictable, with a high risk for negative outcomes are to be cared for by RNs and RPNs.

“Collaboration and consultation are essential elements of safe, competent, ethical nursing practice. The diagram below further identifies how the RN is responsible for making patient care decisions within a collaborative framework.”

Identification of factors that differentiate stable and predictable clients from those that are more or highly complex and less stable, assist in the development of a standardized method of categorizing clients on the continuum, and needs to occur at each individual unit level. This must be done by the point of care RNs.



It is not about who can do what, but rather what the condition and needs of the client are

Regulatory bodies, administrators, government and unions cannot do this work, as the knowledge of the point of care RN is vital to appropriate categorization of the client. “It is the RN’s responsibility to ensure a safe assignment of client nursing care. If there is not sufficient staff mix to provide safe care for the client, the RN must report the situation to a supervisor and up the chain of command until the situation improves. Documenting the occurrence through agency mechanisms assists decision-makers to address system issues. This is an important aspect for continuous quality improvement” (SRNA, 2015).

Additional client factors such as vital signs, level of consciousness, fluctuations in consciousness, acute confusion or agitation, and need for increased monitoring for development of complications are key elements that need to be assessed by the RN to determine where on the continuum the client falls. For example, a surgical patient that has significant blood and fluid loss, and has an assessment revealing unstable vital signs, pain that is not well controlled, absent bowel sounds, and diminished lung functioning, would be considered highly complex and unpredictable, with a high risk for negative outcomes.

The RN has the capability to fulfill this role due to the foundational knowledge gained in the basic RN education program. This knowledge includes the ability to analyze and interpret client information, signs and symptoms, and clinical presentation, and then incorporate critical thinking to create and

implement plans of care and clinical interventions. They understand the rationale of clinical implications and are educated to recognize early signs of deterioration and intervene promptly to avoid a crisis and adverse health event. In situations where the clients’ condition has deteriorated, the RN has the knowledge and capability to safely intervene to address the concerns with the goal of stabilizing the clients’ condition. RNs are able to care for all types of patients (stable to complex) in all care settings (acute, LTC, Community, etc.).

It is vital that RN professional practice is recognized as knowledge utilization and implementation, and not about task performance. When care is defined in terms of task performance it is impossible to determine who the appropriate care provider is and the essence of professional nursing practice is lost.

Actions that can be taken to address practice environments that do not allow RNs to meet professional standards include:

Fill out SUN Work Situation Reports (WSRs).

These need to be completed each time conditions on your unit are unsafe. This includes:

- lack of appropriate registered nurse staffing,
- replacement of registered nurse staff with other care providers,
- too many patients to provide safe care to,
- lack of equipment and resources to do your work safely, and
- the inability to meet professional licensure requirements.

Factors that assist RNs in determining client needs include:

Complexity

- Multiple system issues
- Polypharmacy
- Unknown/undiagnosed conditions

Predictability

- Is it likely the situation will change

Risk

- Unintended outcomes of treatment
- Practice support availability
- Consultation availability
- Experience, decision-making and critical-thinking of care provider
- Ability to rescue

Complexity/Predictability and Risk = “CPR”

Lifeline to the right care provider

(SRNA 2015)



Communicate regularly with your professional regulatory body (SRNA and/or RPNAS).

It is vital that the regulatory bodies are aware of the practice issues that you are facing and work with you to effectively resolve these issues. You cannot get in trouble for communicating with your regulatory body. They are there to ensure protection of the public and as a professional you have an obligation to speak out regarding practice that jeopardizes professional practice and patient safety.

Communicate with SUN regarding any potential or actual patient harm situations.

As your Union, SUN is committed to continuing to advocate on your behalf and to provide members with the knowledge and tools required to address professional practice and patient safety concerns.

The requirements of professional nursing practice must be made clear in order to achieve the delivery of high-quality care (Ferguson-Pare et al. 2002). This requires members to be aware of and advocate for the implementation of professional nursing standards on a daily basis. Solely focusing on the performance of tasks fails to incorporate professional standards, thus jeopardizing client outcomes and professional responsibilities. All stakeholders of the profession must share in the responsibility of advocating for and implementing professional nursing standards.

NOTE: *The Client Continuum of Care* is an excellent decision-making tool located within the *Decision Making Framework — Quality Nursing Practice*

Solely focusing on the performance of tasks fails to incorporate professional standards, thus jeopardizing client outcomes and professional responsibilities

document developed jointly by the SRNA, SALPN and RPNAS. While the framework is currently in a draft form, members are encouraged to refer to the document until such time approval and/or further direction is provided by the Ministry of Health.

The decision-making framework can be found, among other resources, on the Role Clarity section of the SRNA's website (www.srna.org).

References:

- Ferguson-Pare, M., Closson, T., and Tully, S. (2002). Nursing best practice guidelines: A gift for advancing professional practice in every environment. *Hospital Quarterly*, 5(3), 66-68.
- Girard, F., Linton, N., and Besner, J. (2005). Professional practice in nursing: A framework. *Nursing Leadership, on-line exclusive*.
- Province of Saskatchewan (1988). *Registered Nurses Act, 1988*. Regina, SK: Author.
- Province of Saskatchewan (1993). *Registered Psychiatric Nurses Act, 1993*. Regina, SK: Author.
- Saskatchewan Registered Nurses Association. (2015). *RN Scope of Practice: Role Clarity toolkit*. Regina, SK: Author.



Lack of Clarity Still Causing Confusion?

SUN appreciates and understands that there continues to be role confusion in the workplace due to changing employer policies and directives.

SUN members are encouraged to continue contacting the SRNA or RPNAS to seek further clarification on your role and professional responsibilities in the workplace. Members are also encouraged to access the SRNA's Role Clarity Tool Kit (available on their website at www.srna.org) for additional information and resources.

The SRNA continues to be a strong leader and advocate for patient safety and the registered nursing profession. SUN members are encouraged to contact the SRNA to share their experiences in the workplace concerning role clarity and to provide the SRNA with your continued support and encouragement in taking a strong stance in ensuring an evidence-based approach is taken to provide direction and role clarity on the nursing team.

Contact the SRNA at:

Phone: (306) 359-4200 (Regina) • Toll Free: 1-800-667-9945

Email: Carolyn Hoffman, RN Executive Director at execdir@srna.org

CFNU: Hot on the Hill www.nursesunions.ca/hot-the-hill

Philpott Handed Health Portfolio

On November 4, 2015 Prime Minister Trudeau named Dr. Jane Philpott Canada's new health minister.

The 54-year-old physician and mother of four, ran in the Toronto-area riding of Markham-Stouffville.

Minister Philpott worked in Niger Republic, West Africa from 1989 to 1998 where she practiced general medicine and helped to develop a training program for village health workers. She returned to Canada in 1998, joining the Markham Stouffville Hospital as a family physician, and served as Chief of the Department of Family Medicine from 2008 to 2014. She is the founder of Give a Day to World AIDS, a movement that has raised over \$4 million to help those affected by HIV/AIDS in Africa.

CFNU President Linda Silas met Minister Philpott at a welcome reception for the opening of the House on December 3rd.

Read more about Dr. Philpott at www.janephilpott.liberal.ca/biography/

On Philpott's Plate

In the coming months, Minister Philpott will tackle a number of hot-button issues and election pledges made by the Liberal government including:

1 Syrian Refugee Health Care

At the beginning of November Minister Philpott was named chair of the cabinet ad hoc committee to co-ordinate government efforts to resettle over 25,000 Syrian refugees in Canada, with 10,000 arriving before the end of the year, and 15,000 more by the end of February 2016.

2 Renewal of Health Accord

In the coming months Minister Philpott will work with the provinces to negotiate a new

*Dr. Jane Philpott,
Minister of Health.*



multi-year health accord and determine a long term strategy for federal health transfer funding. In an interview with the *National Post* Philpott acknowledged that "health-care delivery" is in the domain of provinces and territories, but added that it is the role of the federal government to show leadership and set the tone of health priorities for Canadians.

3 Pharmacare

The Liberals have pledged to improve access and reduce the costs of prescription drugs. However, there was no actual plan laid out to create a national prescription drug program. The Liberals continue to feel the pressure from health care stakeholders to implement a national prescription drug plan. On November 17, an open letter to Prime Minister Justin Trudeau published in the *Toronto Star*, signed by more than 300 health professionals and academics. The letter stated that pharmacare is the 'unfinished business of the Canadian healthcare system.'

4 Safe Seniors Strategy

The Liberals committed \$3 billion in funding for home care over the next four years and \$20 billion in social infrastructure with a priority on investing in seniors' facilities, including long-term care.

5 Physician Assisted Death

The Liberals face the issue of developing a federal legislative response to the 2015 Supreme Court decision in *Carter v. Canada* (Attorney General) regarding physician-assisted death (PAD). Parliament was given one year to work on the legislation. With the February 2016 deadline looming, the government will be looking to a joint parliamentary committee with members of the House of Commons and the Senate to prepare expedited legislative recommendations for the government.

6 Legalizing Marijuana

Minister Philpott must also take on the Liberals pledge to legalize the recreational use of marijuana for adults in Canada. In the coming months Philpott will establish a federal, provincial, territorial task force with public health, substance abuse and public safety experts on this complex issue. In a recent interview with *CBC News*, Minister Philpott said, "the world is going to be looking to Canada to make sure we do the job well."

To read the full Health Minister Mandate Letter written by Prime Minister Trudeau to Health Minister Philpott visit pm.gc.ca/eng/minister-health-mandate-letter

“I became a physician so I could devote myself to helping individuals and their families to have health and meaningful lives. Now, I have become engaged in politics with the goal of helping to build a healthier society.”

Read the full story — Check out the media stories referenced in the above at:

- National Post: news.nationalpost.com/news/canada/liberal-government-will-pursue-activist-agenda-federal-health-minister-says
- Toronto Star: www.thestar.com/opinion/commentary/2015/11/17/pharmacare-should-be-at-the-top-of-trudeaus-agenda.html
- CBC News: www.cbc.ca/news/politics/world-is-going-to-be-looking-to-canada-on-pot-legalization-jane-philpott-says-1.3340383



Marc-Andre Gagnon, author of the CFNU report titled “A Roadmap to a Rational Pharmacare Policy in Canada”.

SUN’s 2016 Education Program is Expanding

In 2016 SUN will be offering more education opportunities with more seating so that more members can participate!

Our lineup of educational opportunities will continue to offer workshops for Local and SUN District Council Treasurers. Given the success of the fall Leadership Conference, we are happy to announce that we will be offering this conference again in 2016. The two day Education Conference will also continue to run in the fall.

This spring SUN will host the Canadian Federation of Nurses Unions (CFNU) Prairie Labour School. Nurses from Alberta and Manitoba will be joining SUN members at this event.

As in previous years SUN members will have the opportunity to apply to attend education programs sponsored by the Saskatchewan Federation of Labour (SFL) and the Canadian Labour Congress (CLC). Watch for information on the SFL/CLC Annual Spring School, the SFL Pension Conference, Prairie School for Union Women and the SFL Occupational Health and Safety Conference.

For more information on these upcoming education events — keep an eye on your emails and visit our web page www.sun-nurses.sk.ca. Information for 2016 education opportunities will start arriving in your inboxes in January.



Each year SUN Provincial rotates office closures between the Saskatoon and Regina offices to provide the dedicated staff the opportunity to enjoy the holidays.

During the 2015 holiday season, the Regina SUN office will remain open to assist SUN members with their questions and concerns; with the exception of December 24 and 25, 2015, and January 1, 2016.

The Saskatoon SUN office will be closed starting December 24, 2015, and will re-open for the new year on January 4, 2016.

During this time, SUN members can contact the Regina office between 8:00 am and 4:30 pm by calling (800) 667-7060 or (306) 525-1666 or by emailing regina@sun-nurses.sk.ca

Have a happy and safe holiday season!

Considerations for Successful WCB Appeals Begins at the Time of the Incident

1. Complete a Worker WCB Claim form promptly. File an incident report as well with your employer. Provide as much detail as possible on the form.
2. Clearly describe the mechanism of injury, working conditions/environment, witnesses, date and time, your work schedule from time of injury.
3. Describe what happened after the injury ... completed the shift, medical assessment, date and time.
4. File claim promptly. Do not dismiss symptoms that you feel may subside at a later date. Although there is no definite time limit to submit a WCB claim, the *WCB Act* requires that claims be submitted within six months, unless other circumstances.
5. Seek medical assistance immediately to confirm and provide evidence of injury. A delay in seeking medical assistance suggests a lack of seriousness of the injury.
6. Establish as much proof as possible for the claim, use pictures, details of workload situation, etc.
7. Ensure that you describe all of your symptoms clearly to your medical team, so that they can accurately document all of your symptoms. Ensure that your physician takes full notes of your symptoms.
8. Seek appropriate diagnostics to confirm your injury. It is you and your physician who will initiate diagnostics and referrals to Specialists, not WCB. WCB can expedite referrals sometimes, but only if they have an agreement with a Specialist.
9. Keep a diary of your symptoms and treatments. This will assist any reviews of your claim and/or appeals. Keep all documents regarding your WCB claim.
10. If your claim is denied, find out why and seek further supportive information. Ask for a copy of your WCB file to assess what is missing to have your claim accepted. Seek the assistance of the Office of the Workers' Advocate to provide assistance with your appeal.
11. If medically able, attempt to return to work in some manner, gradual return to work and/or in an accommodation. If your employer, refuses to allow you to return to work, challenge their position. Accommodation is a requirement for both employers and unions in the *WCB Act*, and under human rights legislation.
12. If your employment has been terminated, you may need to challenge that situation, and/or make efforts to seek alternative employment.
13. The *WCB Act* requires that injured workers attempt to "mitigate" or make attempts to return to work. Keep proof of any jobs that you have applied for.
14. If you have no sick benefits, and cannot work and have been denied WCB, seek Employment Insurance benefits during the period of the WCB appeal. If applicable, seek waiver of benefit premiums status for any long term disability or other benefit plans. If you have an extended health or dental benefits plan, inquire whether benefits are extended and under what conditions (how long, who pays, etc.).
15. If you have a long term disability plan, apply for coverage while you appeal the WCB claim. Consider accessing Employee Assistance Programs.
16. Check the WCB websites for additional information: www.wcbask.com.



Leadership Conference: Leading for Change

On October 28, 2015, local presidents, executive members and nursing advisory committee members from across the province came together in Saskatoon to share their ideas, experiences and build new relationships at our inaugural Leadership Conference.

Speaking to a wide range of experienced leaders, the morning session took a look at SUN's strategic direction, the political climate influencing our practice environment, the recent changes to the essential services section of *The Saskatchewan Employment Act* (previously known as *The Public Service Essential Services Act*), and how registered nurses have the tools, the courage and the strength within to create positive change in their workplace — you just need to find your spark.

SUN members, Blaine Bentley, RN, and Lindsay Cross, RN, come from two different health regions, two different roles and two different practice settings; but their spark was the same — something just wasn't right.

Bentley shared his story from his perspective as a Clinical Nurse Educator and the challenge he faced in being directed to educate non-RNs on complex registered nursing tasks without the required foundational knowledge. For Bentley, the spark was recognizing — and his unwillingness to accept — the potential risk to patient safety in the region and the risk to his legislated responsibilities and professional accountabilities.

But beyond his own personal risk, there was a greater risk to the profession of registered nursing; the risk of staying silent and implying acceptance. Armed with the drive and determination to right the wrong, and with the knowledge and support from the SRNA and SUN Provincial, Bentley approached managers, directors and VP's to educate them on the SRNA's position on the matter and the critical role of the registered nurse. But he didn't stop there — with his SUN Board representative, Lorna Tarasoff, RN, by his side — Bentley joined other SUN members in taking

their concerns all the way to the health region's Board of Directors.

As a new local president in a hard to recruit rural area, Cross was faced with a new learning curve, but was not afraid of the challenge. For Cross, her spark was loving her community and wanting to see it thrive. So when miscommunication and technicalities began to threaten her facility's ability to recruit and retain registered nurses in the community, Cross stepped up to the plate and, in working with SUN Provincial, began raising the issue with the employer, the health region and continued to take the matter directly to the Minister of Health.

For both Bentley and Cross, gaining knowledge and further understanding the unique and critical role of the registered nurse gave them the courage and strength to address their issues. More than that though, it gave them an added spark to get involved beyond their "personal" issues, to become increasingly involved in the SRNA and their Union, to share their stories, their successes and the lessons learned.

In the afternoon, attendees divided into two separate groups — professional practice for the NAC committees and union leadership for the local executives. Each group discussed the current political and professional environment and the impact those changes are having on their role within their Union. Feeding off of each other's personal and unique perspectives and levels of experience, the groups were able to share ideas, ask questions and gain insight into addressing difficult situations.

For many, the key take away from the afternoon session, was recognizing that each situation, circumstance and outcome is different — there is no cookie cutter approach. However, by using the tools and resources available for our use (the collective agreement, local executive guidebook, SRNA documents, NAC processes), and working together with our local, our Board Representative and SUN Provincial, we can develop a plan that will create change.

Education Conference: November 4, 2015

Another great year, another great conference. The 2015 Education Conference was by far our most successful yet — seeing a record number of interested applicants (246 members) as well as 161 accepted applications.

Offering three levels of education, the Education Conference is a fantastic opportunity for SUN members to network with other members, learn more about their Union, the work SUN does and why we do it, review the tools available to them to resolve issues, discover more about their rights under

the collective agreement, and their professional role and responsibilities.

Key to any educational success is the members — their questions, discussions and experiences shape the conversation and provide a unique learning experience each time they attend.

Mark your calendars! The 2016 Education Conference will be held in Regina, next October; information will be distributed during the summer months.

2016 Elections – Call for Nominations

Are you interested in taking on a new role in your Union? Do you have new ideas and suggestions for advancing and promoting the registered nursing profession? Are you looking to further your leadership skills and get involved in the strategic direction of SUN?

If you answered yes to any of the above questions — then a seat on the SUN Board of Directors is waiting for you!

The Nominations Committee is currently seeking nominations for the following positions on the SUN Board of Directors:

- First Vice-President (2 year term)
- Region Representatives – Region 2, 4, and 6 (2 year term)
- Base Hospital Representative – Saskatoon (2 year term)
- Base Hospital Representative – Regina (2 year term)

For more information on each position, please visit our website at sun-nurses.sk.ca and click on the election banner.

Nomination forms are available from your Local Executive or by visiting our website.

Deadline for nominations is 1630 hours on January 19, 2016. Nominations forms must be received at the Regina SUN office by the deadline. Nominations received after the deadline of 1630 hours, January 19, 2016 will not be accepted.

Call for Resolutions and/or Bylaw Amendments Call for SUN Negotiations Committees Considerations

The SUN 2016 Annual Meeting is scheduled for April 20 and 21; resolutions must be submitted on the appropriate forms for:

1. Business Resolutions,
2. Proposed Amendments to the Union’s Constitution and Bylaws, and
3. Considerations for the SUN Negotiations Committees.

According to Membership Policy 014-M-2007 (Resolutions with Financial Components), all Annual Meeting resolutions with a financial component must be accompanied by cost allocation, upon submission.

Each form must be signed by two members of the Union and submitted to **reach the Regina office no later than January 5, 2016, at 1630 hours.**

NOTE: Allow ample time if mailing — consider other means if you have slow mail service. Any forms that are faxed to the Regina SUN office must be followed up with a phone call to confirm the fax was received. The original must also be sent in to the Regina SUN office by mail.

**PROPOSED
AMENDMENTS
RECEIVED AFTER THE
DEADLINE CANNOT
BE CONSIDERED**

Forms are available
on our website at
[www.sun-nurses.sk.ca/
2016-annual-meeting](http://www.sun-nurses.sk.ca/2016-annual-meeting)

Call for Discussion Papers

If a SUN member, Local or SUN District Council wishes to submit a topic for discussion during the Open Forum at the 2016 Annual Meeting, the **topic must be in the Regina SUN office by February 12, 2016, at 1630 hours.**

Deadline for the paper to be submitted is March 4, 2016.

Acceptance of discussion papers will be subject to relevance to SUN's objectives and time available for discussion.

Please include title or topic, relevance to union objectives, name of submitter and a phone number that submitter may be contacted at.

SUN Leadership Awards – Call for Nominations

Do you know a fellow SUN member that has proven to be a dedicated leader, mentor and dedicated champion for the registered nursing profession and SUN itself? If so, consider nominating them for a SUN Leadership Award.

The Leadership Award is part of SUN's Member Recognition Program. This award is to recognize members who have been active participants at the Local or District level in advancing the goals and objectives of the Union.

Up to three (3) Leadership Awards will be presented on the first day of the Annual Meeting. This award is not retroactive and serving Board members are not eligible for nomination. Selection will be made by the Executive Committee and approved by the Board of Directors.

Any SUN member in good standing may nominate a SUN member who meets the following criteria:

- Has shown outstanding commitment to union principles
- Has shown outstanding leadership qualities
- Has shown willingness to stand up for nurses and patients
- Must be a member in good standing who has been an active participant at the local and/or district council and/or provincial level for a minimum of 10 years
- Exhibits high professional skill in nursing practice
- Made personal contribution affecting labour relations for nurses and nursing
- Has participated in actions to improve nursing practice environment.

The nominator shall attach a 300-500 word essay demonstrating how the SUN member nominated meets or exceeds the established criteria. This essay will be used at the Annual Meeting when presentations are made.

Submit the nomination submission to Executive Committee by March 1, 2016.

If you require more information please contact Denise Dick, First Vice President at 1-800-667-7060 or visit our website at www.sun-nurses.sk.ca and refer to Membership Policy 04 7-M-2010.

Mail to: SUN Executive Committee
2330 2nd Avenue
Regina, Saskatchewan
S4R 1A6

Fax to: (306) 522-4612

42nd Annual Meeting

Prince Albert Exhibition Centre



Save the Date: April 20 & 21, 2016

Don't Forget Your Dancing Shoes!

During the evening on April 20, the Prince Albert Planning Committee will be hosting the Annual Meeting banquet dinner and dance.

As plans come together, the excitement is sure to grow — plan to be in attendance and have a great time with great friends!

Watch for more information on our website at www.sun-nurses.sk.ca/2016-annual-meeting

Registration Opens March 2016

Return Undeliverable Canadian Addresses to:

2330 2nd Avenue
Regina, SK S4R 1A6
Telephone: 306-525-1666
Toll Free: 1-800-667-7060
Fax: 306-522-4612
E-mail: regina@sun-nurses.sk.ca
Web site: www.sun-nurses.sk.ca

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